

# ANNUAL NATUROPATHIC PHYSICIANS MEDICAL LICENSE RENEWAL APPLICATION

The renewal form and payment must be received together. Incomplete or non-legible forms will not be processed. FEES are non-refundable.

**YOU MAY RENEW ONLINE AT [www.aznd.gov](http://www.aznd.gov)**

2014 LICENSE RENEWAL FEE: **\$165.00**

LATE FEE **\$83.00** (REQUIRED IF APPLICATION IS POST MARKED AFTER January 1, 2014) **The late fee cannot be waived**

## PHYSICIAN

NAME: \_\_\_\_\_  
First Middle Last

LICENSE NO: \_\_\_\_\_ - \_\_\_\_\_ DATE OF INITIAL ISSUANCE \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADDRESS:** Every physician must have an address available to the public. If only one address is provided, even if it is your home address, it will be available to the public.

**Primary Office Address:** This is the office/principle place of business. **Secondary Location Address:** Any other location in which you conduct business/maintain a continued activity. **Home Address:** You are required to provide a home address and phone number. They will not be released to the public unless you fail to provide an office address. **Mailing Address:** Please provide a mailing address, this will be the location the renewed license(s) will be mailed. **Email Address:** This address is optional and will not be provided to the public, however in an effort to keep Board costs at a minimum and licensing fees from increasing, the Board will be emailing appropriate Board correspondence to our licensees.

EMAIL ADDRESS: \_\_\_\_\_

PRIMARY OFFICE ADDRESS: PRACTICE NAME: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_  
Ste. No. City State Zip

OFFICE PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

SECONDARY OFFICE LOCATION(S): PRACTICE NAME: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_  
Ste. No. City State Zip

OFFICE PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**If you have additional locations, use a separate piece of paper to list all information required.**

HOME ADDRESS: \_\_\_\_\_  
City State Zip

CELL PHONE: \_\_\_\_\_

MAILING ADDRESS: ☐ Primary Office Address ☐ Home Address ☐ Other - (provide Board with complete address)  
Check One  
(Other ) \_\_\_\_\_

## RENEWAL QUESTIONNAIRE

**FAILURE TO COMPLETE THE REQUIRED CME MAY BE CONSIDERED UNPROFESSIONAL CONDUCT.**

I understand the above statement ☐ Check Box to Confirm

### ANSWER THE ONE QUESTION THAT BEST APPLIES TO YOUR RENEWAL.

- ☐ In accordance with A.A.C. R4-18-205 I have completed a minimum of 30 hours of CME during 2013. 10 hours of the 30 CME hours have been in pharmacology and at least 8 hours have been from an approved naturopathic organization.
- ☐ I graduated and my initial license was issued by the Board in 2013. I am not required to comply with the CME requirements until 2014. (This only applies to students who have recently graduate. Doctors who are newly licensed by endorsement from another state must comply with the CME requirements.)
- ☐ I am requesting retirement of my medical license in the State of Arizona to practice naturopathic medicine. I am not required to submit CME for renewal.

\*\*\*Do not submit proof of CME unless you received notice you are subject to a CME audit.

### ANSWER ALL OF THE FOLLOWING QUESTIONS

#### Since your last renewal:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Were you arrested, charged with, convicted of, or enter into a plea of no contest to any criminal act?   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2. Did any licensing agency or board [other than this board] initiate or take any action against any license or certificate that is or was held by you? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. In lieu of disciplinary action, did you enter into a consent agreement of stipulation with any agency?   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 4. Were you named in any malpractice suit?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 5. Do you have a complaint pending before any agency?   | <input type="checkbox"/> yes | <input type="checkbox"/> no |

**NOTE:** In the event that the response to any of the questions above is "yes", you must file with the renewal a detailed report concerning the matter.

1. **CITIZEN STATUS DECLARATION:** Are you a United States Citizen? \_\_\_\_ Yes \_\_\_\_ No **If yes, skip question 2.**
2. Are you a legal resident authorized to work in the United States \_\_\_\_ Yes \_\_\_\_ No **If yes to 2. Provide the Board with proof of current legal resident status.**

**I ATTEST THAT ALL INFORMATION SUBMITTED ON AND WITH THIS RENEWAL APPLICATION IS TRUE.**

\_\_\_\_\_  
Date (Required)

\_\_\_\_\_  
Signature (Required)

### LICENSURE RENEWAL CHECK LIST

**PLEASE BE AWARE:** you must allow at least 30 days for processing of your renewal. **If you wait until the end of December to renew your license, it will not be processed until 2014.** Licensure renewals are processed in the order they are received. Incomplete or non-legible forms will be returned to the applicant and will cause a delay in the processing. Renewal forms and payment must be received together.

**THE BOARD NO LONGER SENDS HARD COPIES VIA MAIL. YOU WILL RECEIVE THE LICENSE VIA EMAIL.**

#### DID YOU:

- ☐ Complete the renewal form, making sure all required information is provided. **Incomplete forms will not be processed.**

**2013 License Renewal Fee \$165.00, If postmarked after January 1, 2014, you must include a LATE FEE OF \$83.00.** (This fee cannot be waived, there are no exceptions.)

- ☐ Include all applicable fees.

**Please Be Aware:** IF THE LICENSE IS NOT RENEWED WITHIN 60 DAYS OF THE EXPIRATION DATE, YOUR LICENSE WILL AUTOMATICALLY EXPIRE. **IF YOU ARE BEING AUDITED FOR CME** you would have been notified by the Board, and will need to provide proof of CME for the LAST THREE YEARS, along with this renewal form.

**ACCEPTABLE FORM OF PAYMENT:** Personal check or money orders are the only forms of payment accepted with this form.

**DO NOT SEND CASH OR PROVIDE A CREDIT CARD NUMBER.** Make payment directly to: **The AZ. Naturopathic Medical Board**

THERE WILL BE A \$25.00 FEE FOR RETURNED CHECKS

Mailing Address: **1400 W. Washington, Ste. 230**

ONLINE RENEWAL IS ALSO AN OPTION [www.aznd.gov](http://www.aznd.gov)

**Phoenix, AZ 85007**

Revised 09/10/2013

For Board Use Received	Emailed	Agenda
---------------------------	---------	--------